

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 136  
Registered No. 5

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. 335 So Boulevard St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Robert Thomas Moore { If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

M

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

5. No., in order of birth.

**6. Legitimate?**

Yes

**7. Date**

of birth Jan 6 - 1926  
Month Day Year

**8.**

**FATHER**

**Full name**

Charles Harvey Moore

**9. Residence**

(Usual place of abode)

If non-resident, give place and state.

Globe

**10. Color or race**

M.

11. Age at last birthday 31 (Years)

**12. Birthplace (city or place)**

(State or country)

Louisburg Kansas

**13. Occupation**

Nature of Industry

R.R. fireman

**14.**

**MOTHER**

**Full maiden name**

Louise Harvey

**15. Residence**

(Usual place of abode)

If non-resident, give place and state.

Globe

**16. Color or race**

W

17. Age at last birthday 25 (Years)

**18. Birthplace (city or place)**

(State or country)

Grass Valley  
Calif

**19. Occupation**

Nature of Industry

Housewife

**20. Number of children of this mother**

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

**21. Were precautions taken against ophthalmia neonatorum?**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was

alive (Born alive or stillborn.)

at 9.10 P.M. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

**Signature**

W. W. Horst Globe Ariz  
(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

**Address**

**Filed**

Jan 31, 1926

W. W. Horst

**Registrar**

**Registrar**

944-106-348

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.